## Questionnaire

Eligibility Criteria:			
Q1: How long have you kno	wn that you have diabetes?		
Years Months_	If date is provided		
Q2: How long have you been	n residing at Pokhara Metrop	olitan?	
Years Months_	If date is provided		
	Section-A: Demographic	Information	
Q3. Age completed ye	ars	Q4. Ge	ender
<b>Q5. Ethnicity</b> 0. Dalit	Disadvantaged Ianaiatis	2 Disadvanta	aged non-dalit Terai caste groups
3. Religious Minorities 4	1. Relatively advantaged Janajat	tis 5. Upper cast	e groups
26. Marital Status	resurvery auvanagea vanaja	as s. opper cust	o groups
-	1. Married	2.	Separated
3. Divorced	4. Widowed		Other (specify)
	ly members (living together in	the household sha	ring the same kitchen)
Q8. Type of Family			
0. Nuclear	1. Joint	2.	Extended
<b>Q9. Educational Level</b> 0. Illiterate	1 Litarata with informal adv	ucation 2	Drimory I aval
3 Secondary Level	<ol> <li>Literate with informal edu</li> <li>Higher Secondary Level</li> </ol>	5 (cation 2.	Undergraduate and above
	cupation within the past year?		ondergraduate and above
0. Unemployed	1. Agriculture 2. S	Service(Private/Go	overnment)
3. Daily wage laborer	1. Own a business 5. 0	Oversees employm	ent
	7. Retired (Pension) 8.R		
9. Others (Specify)			
	Section-B: Health-related	characteristics	
Q11. What types of treatment	•		
0. No treatment	1. Oral tablet		2. Insulin
	in 4. Only dietary man	-	5. Other
	reatment of Diabetes manage	ment?	
1. Yes	2. No		
•	el to follow the dietary recomr	nendation for the	management of your
liabetes?	4 4 1 2 1200 1	2 17	1100 1
0. Too difficult	1. A bit difficult		ot difficult at all
	rance to cover the diabetes re		
	1. Yes, but covers parti		o there is no insurance
	ications resulted due to diabet		
0. Yes	1. No	•	s continue, if No go to Q18
-	ions resulted due to diabetes?	· -	
0. Cardiovascular disea	1 ,	2. Nephropatl	•
3. Retinopathy		. Hearing impairm	nent 6. Other
Q 17. Number of complication			
Q 18. Do you have any other o	chronic illness other than thes	e complications?	
0. Yes	1. No		

If yes continue, if No go to Q 21

## Q 19. What are the chronic illness other than these complications that you have which was before you were diagnosed with Diabetes? (Multiple choices)

- 0. Hypertension
- 1. Hyperlipidemia
- 2. Chronic Kidney condition (not resulted after Diabetes)

- 3. Cardiovascular disease not resulted after Diabetes
- 4. COPD
- 5. Thyroid 6.Other\_\_\_\_\_

Q 20. Number of additional illness (comorbidities) \_\_\_

Q 21: Section D- Patient Health Questionnaire (PHQ-9)  Over the last 2 weeks, how often have you been bothered by any of the following problems?						
	Not	Several	More	Nearly		
	at	Days	than half	every		
	all		the days	day		
			of week			
1. Little interest or pleasure in doing things	0	1	2	3		
2. Feeling down, depressed or hopeless	0	1	2	3		
3. Trouble falling or staying asleep or sleeping too much	0	1	2	3		
4. Feeling tired or having little energy	0	1	2	3		
5. Poor appetite or overeating	0	1	2	3		
6. Feeling bad about yourself- or that you are a failure or have let yourself or your family down	0	1	2	3		
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3		
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	0	1	2	3		
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	0	1	2	3		

## Q 22: Section E- Hospital Anxiety and Depression Scale-Anxiety Subscale

Please tick the statement about how you have been feeling in the past week. Don't take too long over you replies: your immediate is best.

- A1. I feel tense or 'wound up':
  - 3. Most of the time

- 2. A lot of the time
- 1. From time to time, occasionally

- 0. Not at all
- A2. I get a sort of frightened feeling like 'butterflies' in the stomach
  - 3. Very Often

2. Quite Often

1. Occasionally

- 0. Not at all
- A3. I get a sort of frightened feeling as if something awful is about to happen
  - 3. Very definitely and quite badly

2. Yes, but not too badly

1.A little, but it doesn't worry me

- 0. Not at all
- A4. I feel restless as I have to be on the move:
  - 3. Very much indeed

2. Quite a lot

1 .Not very much

- 0. Not at all
- A5. Worrying thoughts go through my mind:
  - 3. A great deal of the time

- 2. A lot of the time
- 1. From time to time, but not too often
- 0. Only occasionally

A6. I get sudden feeling of panic

3. Very Often 2	2. Quite Often						
1. Not very often 0	0. Not at all						
A7. I can sit at ease and feel relaxed							
0. Definitely	1. Usually						
2. Not often	3. No		•				
Section F: History of Disease	and Life	styl	e Factors				
Q23. Have you ever been diagnosed with any mental distress				ety or so	on?		
0. Yes	1. No						
If Yes, specify							
Q24. In your family, has anyone in the last three generations depression, anxiety or so on?	oeen diag	gnos	ed with any	mental d	istress su	ich as	
0. Yes 1. No			2. Don't K	now			
If Yes, specify							
Q25. In the past one month have you ever used any tobacco p	roducts (	smo	king, chew	ing tobacc	co) ?		
0. Yes	1	. N	lo				
Q26. In the past one month have your ever consumed any har	d drink o	r alc	cohol?				
0. Yes	1	. N	lo .				
Q27. How many hours in an average do you sleep in a day? (I	pased on	the a	average of	past one w	veek)		
Sleep hourshrs per day							
Q28. Are you satisfied with your sleep quality and duration?							
0. Satisfied	1	. N	lot Satisfied	d			
Section G:	COVID-	-19 9	Status				
Q.29. Have you ever got tested for COVID-19?							
0. Yes	1. No						
Q.30 what was the result							
0. Positive	1. Negative 2. Never T			ever Tes	sted		
Q.31 Have you received any COVID-19 vaccine?							
0. Yes, Received vaccine	1. N	√o, d	lidn't receiv	ved vaccin	ie		
Q.32 Have you received complete two doses?							
0. Complete vaccine dose 1. Incompl							
Q 33: Please respond to each item by ticking ( $$ ) one of the five	ve (5) res	pon	ses that refl	lects how	you feel,	think or	
act toward COVID-19							
Fear of COVID-19 Items	Strong	ly	Disagree	Neutral	Agree	Strongly	
	Disagro	ee				Agree	
1. I am most afraid of Corona	1		2	3	4	5	
2. It makes me uncomfortable to think about Corona	1		2	3	4	5	
	1				<del>                                     </del>	t _	

Fear of COVID-19 Items	Strongly	Disagree	Neutral	Agree	Strongly	
	Disagree				Agree	
1. I am most afraid of Corona	1	2	3	4	5	
2. It makes me uncomfortable to think about Corona	1	2	3	4	5	
3. My hands become clammy when I think about Corona	1	2	3	4	5	
4. I am afraid of losing my life because of Corona	1	2	3	4	5	
5. When I watch news and stories about Corona on social media, I become nervous or anxious.	1	2	3	4	5	
6. I cannot sleep because I'm worrying about getting Corona infection/reinfection.	1	2	3	4	5	
7. My heart races or palpitates when I think about getting Corona infection/ reinfection.	1	2	3	4	5	
O 34.Section C. Multidimensional Scale of Perceived Social Support						

We are interested in how you feel about feel about each statement by selecting							te how you
	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1. I get the emotional help & support I need from my family	1	2	3	4	5	6	7
2. I can talk about my problems with my family.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. My family is willing to help me make decisions.	1	2	3	4	5	6	7
5. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
6. I can talk about my problems with my friends.	1	2	3	4	5	6	7
7. My friends really try to help me.	1	2	3	4	5	6	7
8. I can count on my friends when things go wrong	1	2	3	4	5	6	7
9. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
10. There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
11. I have a special person who is a real source of comfort to me	1	2	3	4	5	6	7
12. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
Thank you for your participation  To Be filled by Investigator							
Remark by the data collector							
				Si	gnature of	f the Data c	ollector